



# INSTRUCTIONS FOR PREPARATION OF EXPENSE REIMBURSEMENT CLAIM

**MILEAGE REIMBURSEMENT:** This form is to be used for employee mileage reimbursement and submitted to the departmental payroll clerk.

**OTHER EMPLOYEE TRAVEL REIMBURSEMENT:** This travel detail form must be attached to a general form 9 with the appropriate information and authorizing signature

Each numbered instruction refers to the corresponding number on the front side of this form.

1. Name and address — all reimbursement warrants are to be mailed.
2. County *Employee* ID number
3. Employee's supervisor's approval and date
4. Name of department submitting claim.
5. Enter date of each trip and or expense incurred
6. Self-explanatory.
7. If private car is used, enter total miles for each trip. No fraction of a mile should be used. If public transportation such as airplane, train, bus, taxi, etc. is used, enter dollar amount. (See Sec. 304 and 305 County Administrative Regulations)
8. (See Sec. 302 County Administrative Regulations) (Lodging)
9. (See Sec. 303 County Administrative Regulations) (Meals)
10. This column to be used for miscellaneous expenditures such as parking, business telephone calls, etc. Indicate both the amount and purpose for which the expense was incurred.
11. To be signed by employee incurring expenses
12. Total amount of claim, without mileage
13. Enter recap of mileage claimed